


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10594355 | <b>Applicant(s)/Patent Under Reexamination</b><br>PARFITT, RICHARD |
|   | <b>Examiner</b><br>TOAN M LE               | <b>Art Unit</b><br>2863  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |  |  |  |
| 702                |                                   | 9        |  |  |  | G                            | 0 | 6 | F | 19 / 00 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | E                            | 2 | 1 | B | 25 / 16 (2006.0) |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| 175                | 44                                |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 13    | 17       |       | 33       |       |          |       |          |       |          |       |          |       |          |
|   | 2        |       | 14       | 23    | 34       |       |          |       |          |       |          |       |          |       |          |
|   | 3        |       | 15       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 4        |       | 16       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 6        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 7        |       |          |       | 23       |       |          |       |          |       |          |       |          |       |          |
| 5   | 8        |       | 19       |       | 24       |       |          |       |          |       |          |       |          |       |          |
| 6   | 9        |       | 20       |       | 25       |       |          |       |          |       |          |       |          |       |          |
| 7   | 10       |       |          |       | 28       |       |          |       |          |       |          |       |          |       |          |
| 8   | 11       |       | 21       |       | 27       |       |          |       |          |       |          |       |          |       |          |
| 9   | 12       |       |          |       | 28       |       |          |       |          |       |          |       |          |       |          |
| 10  | 13       |       |          |       | 29       |       |          |       |          |       |          |       |          |       |          |
| 11  | 14       |       |          |       | 30       |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       | 22       |       | 31       |       |          |       |          |       |          |       |          |       |          |
| 12  | 16       |       |          |       | 32       |       |          |       |          |       |          |       |          |       |          |

|   |                       |                                    |                        |
|---|-----------------------|------------------------------------|------------------------|
| /TOAN M LE/<br>Examiner, Art Unit 2863<br><br>(Assistant Examiner)          | 4/17/09<br><br>(Date) | <b>Total Claims Allowed:</b><br>23 |                        |
| /Michael P. Nghiem/<br>Primary Examiner, GAU 2863<br><br>(Primary Examiner) | 4-22-09<br><br>(Date) | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>1 |